PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
Γ_,	TAL OLAIMS		(Column	1)	(Colu	(Column 2)		TYPE		OR	SMALL	ENTITY
Ľ	OTAL CLAIMS		91					RATE	FEE]	RATE	FEE
FC)R		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	OTAL CHARGEA	ABLE CLAIMS	9/ mir	nus 20=	* //	* //		X\$ 9=	99	OR	X\$18=	<u> </u>
	DEPENDENT CL		1	inus 3 =	* 2			X43=	86	OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	L	TOTAL	576	OR	TOTAL	
	С	LAIMS AS A	MENDED) - PAR	ΓII			OTHER THAN				
		(Column 1)		(Colum		(Column 3)	_	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PHESE	ENTATION OF MU	JLTIPLE DEP	'ENDEN I	CLAIM			+145=		OR	+290=	
							L	TOTAL		OB	TOTAL	
		· - - · - 4\			31		Α	DDIT. FEE		OR ,	ADDIT. FEE	
		(Column 1) CLAIMS	· · ·	(Colum HIGHE		(Column 3)	_		- 221			1201
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	** '		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
لــا	FIRST PHESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=	
						· ·	L	TOTAL	-		TOTAL ADDIT. FEE	•
		(Column 3)	A	DOIT: FEE L		, , , , , , , , , , , , , , , , , , ,	ADDII. PEEL					
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMBI PREVIOL PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	.	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
	f the entry in colum	L	TOTAL		L	TOTAL						
***	If the "Highest Nun	mber Previously Pai mber Previously Pa ber Previously Paid	aid For IN THIS	S SPACE is	less than	n 3, enter "3."		ODIT. FEE	·		ADDIT. FEE	